



Faxed or emailed applications are **NOT** accepted

LAST NAME
[Grid for last name]

FIRST NAME
[Grid for first name] MI []

ADDRESS
[Grid for address]

ADDRESS CONT'D
[Grid for address cont'd]

CITY AND STATE
[Grid for city and state] ZIP CODE
[Grid for zip code]

U.S. SOCIAL SECURITY NUMBER
[Grid for social security number]

DATE OF BIRTH MM/DD/YY
[Grid for date of birth]

HOME TELEPHONE NUMBER
[Grid for home telephone number]

MOBILE TELEPHONE NUMBER
[Grid for mobile telephone number]

E-MAIL
[Grid for e-mail]

METHOD OF PAYMENT

Payment must accompany your application.

Check or Money Order # _____

VISA MC AMEX Diners Discover

Credit Card #
[Grid for credit card number]

Expiration Date
[Grid for expiration date]

Mo Day Yr _____ Signature _____

AWS USE ONLY

Date _____ Acct # _____

Amt \$ _____

AWS CERTIFICATION STATUS

AWS MEMBER NO. _____

Exam Fees - Please visit our website <http://www.aws.org/certification/pricelist/>

AWS Seminar/Exam Schedule - Please visit our website <http://www.aws.org/certification/seminarexam/>

PLEASE INDICATE THE FOLLOWING: SEMINAR AND EXAM EXAM ONLY SEMINAR ONLY

1st Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

3rd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

NOTE: AWS strongly recommends that the applicant select a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six (6) weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a \$250 Fast Track fee to expedite the process and to accommodate the exam site requested. Please contact the Certification Department regarding this procedure.

ASSOCIATIONS

<p>Type of Business (check only ONE)</p> <p>A <input type="checkbox"/> Contract construction</p> <p>B <input type="checkbox"/> Chemicals & allied products</p> <p>C <input type="checkbox"/> Petroleum & coal industries</p> <p>D <input type="checkbox"/> Primary metal industries</p> <p>E <input type="checkbox"/> Fabricated metal products</p> <p>F <input type="checkbox"/> Machinery except elect. (incl. gas welding)</p> <p>G <input type="checkbox"/> Electrical equip., supplies, electrodes</p> <p>H <input type="checkbox"/> Transportation equip. - air, aerospace</p> <p>I <input type="checkbox"/> Transportation equip. - automotive</p> <p>J <input type="checkbox"/> Transportation equip. - boats, ships</p> <p>K <input type="checkbox"/> Transportation equip. - railroad</p> <p>L <input type="checkbox"/> Utilities</p> <p>M <input type="checkbox"/> Welding distributors & retail trade</p> <p>N <input type="checkbox"/> Misc. repair services (incl. welding shops)</p> <p>O <input type="checkbox"/> Educational Services (University, libraries, schools)</p> <p>P <input type="checkbox"/> Engineering & architectural services (incl. assns.)</p> <p>Q <input type="checkbox"/> Misc. business services (Include commercial labs)</p> <p>R <input type="checkbox"/> Government (federal, state, local)</p> <p>S <input type="checkbox"/> Other</p>	<p>Job Classification (check only ONE)</p> <p>01 <input type="checkbox"/> President, owner, partner, officer</p> <p>02 <input type="checkbox"/> Manager, director, superintendent (or assistant)</p> <p>03 <input type="checkbox"/> Sales</p> <p>04 <input type="checkbox"/> Purchasing</p> <p>05 <input type="checkbox"/> Engineer — welding</p> <p>06 <input type="checkbox"/> Engineer — other</p> <p>07 <input type="checkbox"/> Inspector, tester</p> <p>08 <input type="checkbox"/> Supervisor, foreman</p> <p>09 <input type="checkbox"/> Welder, welding or cutting operator</p> <p>10 <input type="checkbox"/> Architect, designer</p> <p>11 <input type="checkbox"/> Consultant</p> <p>12 <input type="checkbox"/> Metallurgist</p> <p>13 <input type="checkbox"/> Research & development</p> <p>14 <input type="checkbox"/> Technician</p> <p>15 <input type="checkbox"/> Educator</p> <p>16 <input type="checkbox"/> Student</p> <p>17 <input type="checkbox"/> Librarian</p> <p>18 <input type="checkbox"/> Customer service</p> <p>19 <input type="checkbox"/> Other</p> <p>20 <input type="checkbox"/> Engineer - design</p> <p>21 <input type="checkbox"/> Engineer - manufacturing</p> <p>22 <input type="checkbox"/> Quality Control</p>	<p>Technical Interests (check ALL that apply)</p> <p><input type="checkbox"/> Ferrous metals</p> <p><input type="checkbox"/> Aluminum</p> <p><input type="checkbox"/> Non-ferrous except aluminum</p> <p><input type="checkbox"/> Advanced materials/intermetallics</p> <p><input type="checkbox"/> Ceramics</p> <p><input type="checkbox"/> High energy Processes</p> <p><input type="checkbox"/> Arc Welding</p> <p><input type="checkbox"/> Brazing & Soldering</p> <p><input type="checkbox"/> Resistance Welding</p> <p><input type="checkbox"/> Thermal Spray</p> <p><input type="checkbox"/> Cutting</p> <p><input type="checkbox"/> NDT</p> <p><input type="checkbox"/> Safety & Health</p> <p><input type="checkbox"/> Pipe & Tubing</p> <p><input type="checkbox"/> Pressure Vessels & Tanks</p> <p><input type="checkbox"/> Structures</p> <p><input type="checkbox"/> Roll Forming</p> <p><input type="checkbox"/> Sheet metal</p> <p><input type="checkbox"/> Stamping & punching</p> <p><input type="checkbox"/> Bending & shearing</p> <p><input type="checkbox"/> Aerospace</p> <p><input type="checkbox"/> Automotive</p> <p><input type="checkbox"/> Machinery</p> <p><input type="checkbox"/> Marine</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Automation</p> <p><input type="checkbox"/> Robotics</p> <p><input type="checkbox"/> Computerization of Welding</p>
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NAME _____

ACCOUNT NO. _____

EDUCATION, TRAINING, AND EXPERIENCE RECORDS

I. EDUCATION RECORDS

Applicants shall have at least a valid High School Diploma or General Equivalency Diploma (GED)

You must attach documentation for your highest level of education achievement. Copies of diplomas or transcripts are acceptable. All documentation must be in English or accompanied by an English translation.

Highest Level of Educational Achievement

Institution where your highest level of education was obtained as it relates to your AWS RI certification

High School or GED

Institution _____

2-or more years of College

Address _____

2-year Technical/College Degree

4-year College Degree

Major Course of Study _____

Graduate Degree

Degree _____

II. TRAINING RECORDS

Applicants shall have a minimum of 40 hours organized training in radiographic interpretation covering the body of knowledge described in Section 9 of AWS B5.15.

You must attach documentation of the minimum amount of training required. Acceptable documentation includes copies of training certificates, letters of completion, or company training records. A signed statement attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or pre-approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Note. This application will be processed only if the candidate is scheduled to attend AWS approved RI training prior to the examination date or has submitted acceptable training documentation.

Describe Documentation Attached _____

Date AWS RI Training Scheduled _____ Location _____

NAME _____

ACCOUNT NO. _____

III. EXPERIENCE RECORDS

Applicants shall have a minimum of twelve (12) months experience or alternative credit for experience (6 months maximum) in radiographic interpretation.

Radiographic interpretation experience must be as an employer or centrally (nationally) radiographic interpreter or otherwise under the direct supervision of such individuals. Experience gained working on projects involving the major welding codes (D1.1, ASME, API, etc.) would generally require direct supervision by such properly certified individuals and therefore may be used.

Please indicate your experience below and have it verified by someone knowledgeable in your activities.

Duplicate this section as needed to provide additional information for each one of your employers in order to meet the months of experience claimed.

Please fill in the following records to indicate your most recent work experience(s). Experience in excess of the requirements does not have to be indicated. If you are self-employed, your client may sign the records.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

A. EMPLOYER (PLEASE PRINT OR TYPE)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor/Employer Contact: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

For this company, I performed radiographic interpretation of welds on the below projects:

B. Project Name	From	Mo.	Yr.	To	Mo.	Yr.
_____	_____	_____	_____	_____	_____	_____
List applicable codes (ASME, API AWS)	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I verify that _____, is employed by this company and was involved in radiographic interpretation related activities during the employment period(s) indicated on this application.
Print or type name of applicant

My name is _____ My job title is _____

Signature _____ Date _____

Total months of RI experience claimed _____

Note: There must be twelve (12) months of actual RI experience documented. If not, you have the opportunity to provide alternative credit for experience gained by completing the following section IV.

IV. ALTERNATIVE CREDIT FOR EXPERIENCE

(Only complete this section if the required twelve (12) months of actual RI experience was not met in section III. You may substitute education, NDE experience, or teaching for RI experience. AWS CWIs can receive six (6) months of experience credit.)

IV.A EDUCATION AS EXPERIENCE SUBSTITUTION

Every month for a maximum of six (6) months of post high school NDE or weld inspection education may be substituted for an equal number of months of radiographic interpretation experience.

You must attach documentation of post high school NDE or weld inspection education. Acceptable documentation includes copies of diplomas, transcripts, training certificates, letters of completion, or company training records. Also acceptable are signed statements attesting to completion of training from a company executive, an individual responsible for training, an AWS Senior Certified Welding Inspector (SCWI) an ASNT Level III, or an ACCP Professional Level III. Documentation of training not sponsored or approved by AWS must include a course syllabus. All documentation must be in English or accompanied by an English translation.

Describe Documentation Attached _____

Total Number of Months Education _____ (A)
Not to exceed six (6) months

IV.B OTHER WELDING INSPECTION METHODS EXPERIENCE SUBSTITUTION

Every four (4) months of experience as an employer certified or centrally (nationally) certified weld inspector using NDE methods other than radiography may be substituted for one (1) month RI experience for a total not to exceed six (6) months. *e.g., twenty-four (24) months experience as an AWS CWI, ACCP PT, ACCP UT, etc., may be substituted for six (6) months experience as an RI*

If you are not an AWS CWI, then you must attach documentation of your certifications in other weld inspection methods. Acceptable documentation includes copies of employer NDE certifications, ACCP certifications, etc. All documentation must be in English or accompanied by an English translation.

Automatic Experience Credit as an AWS CWI (if applicable) _____ 6 _____ (B)

Number of Months NDE Experience Other Than CWI _____ Credit: ($\div 4 =$) _____ (C)
Not to exceed six (6) months

Describe Documentation Attached _____

Total Number of Months Experience in Other Welding Inspection Methods _____ Credit: (B + C) _____

IV.C NDE TEACHING EXPERIENCE SUBSTITUTION

Every four (4) months of NDE weld inspection teaching experience may be substituted for one (1) month RI experience for a total not to exceed six (6) months.

You must attach a signed statement from the organization employing your services as a teacher. The statement must include a description of the subject matter taught.

Describe Documentation Attached _____

Total Number of Months Teaching _____ Credit: ($\div 4 =$) _____ (D)
Not to exceed six (6) months

V. TOTAL EXPERIENCE WORKSHEET:

Actual RI experience (from section III)	_____
Credit for education received (from section IV.A)	_____
Credit for CWI and NDE experience (from section IV.B)	_____
Credit for NDE Teaching (from section IV.C)	_____
Total experience	_____

NAME _____

ACCOUNT NO. _____

VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations.

PHOTOGRAPHIC IDENTIFICATION

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

NOTARIZATION

All applicants must complete this section.

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

AWS Policies and Fees - Please visit our website <http://www.aws.org/certification/policiesfees/>

Signature: _____ Date: _____

Sworn to and subscribed before, this _____ day of _____ of year _____

My commission expires _____ Notary Public _____

Signature _____



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥ 30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥ 30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____